FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
OMB Number:	
Expires:	
Estimated average burden	
hours per response	

SEC USE C	NLY						
Prefix	Serial						
DATE RECEIVED							

Name of Offering (check if this is an ar	mendment and name h	as changed, an	d indicate	change.)	1142	2432
MJR Trading, LLC	· · · · · · · · · · · · · · · · · · ·		~ 		1119	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule	505 ☑ Rule 50	6 🗆 Sect	ion 4(6) 🛮 UL0	OE Z	RECEIVED
Type of Filing: ☑ New Filing ☐ Amend	ment					1000
	A. B.	ASIC IDENTII	FICATIO	N DATA	. A.Y.	M S 6 Mins //
1. Enter the information requested about the	he issuer				1/2	
Name of Issuer (check if this is an ame	endment and name has	changed, and	indicate ch	ange.)	· · · · · · · · · · · · · · · · · · ·	(10th
MJR Trading, LLC	<u> </u>					C. 150 / 60/
Address of Executive Offices	(1	Number and Str	eet, City, S	State, Zip Code)	Telephone Number (I	ncluding, Area Code)
141 West Jackson Boulevard, Suite 1720	0, Chicago, Illinois 6	0604			(312) 705-1915	
Address of Principal Business Operations	(1	Number and Str	eet, City, S	state, Zip Code)	Telephone Number (I	ncluding Area Code)
(if different from Executive Offices)						
Brief Description of Business						
Commodities trading						
Type of Business Organization						
□ corporation	limited partnersh	ip, already forn	ned	☑ other (please specify): limited	
☐ business trust	limited partnersh	ip, to be formed	1		· · · · · · · · · · · · · · · · · · ·	HOOLOOLD
		Month	Year			JUN 1 2 2002 /
				C. Annual C	Parimeral	\
Actual or Estimated Date of Incorporation	or Organization:	0 4	0 2	☑ Actual □	Estimated	THOMSON V
Jurisdiction of Incorporation or Organizati	on:	(Enter two	-letter U.S	. Postal Service	abbreviation for State:	ENANCIAL
•		CN for Ca	nada; FN f	or other foreign	jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	ested for the follo	owing:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and man	naging partner of	partnership issuers.							
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if ir	ndividual)								
Neal, Thomas E.			•						
Business or Residence Address	(Number and St	reet, City, State, Zip Coo	de)						
141 West Jackson Boulevard,	Suite 1720, Chic	ago, Illinois 60604			•				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if ir	ndividual).								
Rokala, Michael J.									
Business or Residence Address	(Number and St	reet, City, State, Zip Coo	ie)						
141 West Jackson Boulevard,	Suite 1720, Chic	ago, Illinois 60604	·						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Manager	☐ General and/or Managing Partner				
Full Name (Last name first, if in	dividual)								
Haberman, Angela R.									
Business or Residence Address	(Number and St	reet, City, State, Zip Coo	le)						
Business or Residence Address 2303 Circle Drive West, Suite			le)						
			□ Executive Officer	☐ Director	☐ General and/or Managing Partner				
2303 Circle Drive West, Suite	B, Spirit Lake, I	owa 51360		☐ Director	☐ General and/or Managing Partner				
2303 Circle Drive West, Suite Check Box(es) that Apply:	B, Spirit Lake, I Promoter dividual)	owa 51360 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
2303 Circle Drive West, Suite Check Box(es) that Apply: Full Name (Last name first, if in	B, Spirit Lake, I Promoter dividual)	owa 51360 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner ☐ General and/or Managing Partner				
2303 Circle Drive West, Suite Check Box(es) that Apply: Full Name (Last name first, if in Business or Residence Address	B, Spirit Lake, I Promoter dividual) (Number and St	owa 51360 Beneficial Owner reet, City, State, Zip Coo	Executive Officer						
2303 Circle Drive West, Suite Check Box(es) that Apply: Full Name (Last name first, if in Business or Residence Address Check Box(es) that Apply:	B, Spirit Lake, I Promoter dividual) (Number and St Promoter dividual)	owa 51360 Beneficial Owner reet, City, State, Zip Coo	□ Executive Officer de) ☑ Executive Officer						
2303 Circle Drive West, Suite Check Box(es) that Apply: Full Name (Last name first, if in Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if in	B, Spirit Lake, I Promoter dividual) (Number and St Promoter dividual)	owa 51360 Beneficial Owner reet, City, State, Zip Coo	□ Executive Officer de) ☑ Executive Officer						
2303 Circle Drive West, Suite Check Box(es) that Apply: Full Name (Last name first, if in Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if in . Business or Residence Address	B, Spirit Lake, I Promoter dividual) (Number and St Promoter dividual) (Number and St	owa 51360 Beneficial Owner reet, City, State, Zip Coo Beneficial Owner	□ Executive Officer de) □ Executive Officer de)	☐ Director	☐ General and/or Managing Partner				

A. BASIC IDENTIFICATION DATA

4957203.1 052002 1144C 94141702 2 of 8

☐ Executive Officer

☐ Director

☐ General and/or Managing Partner

☐ Beneficial Owner

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

					В. І	NFORMA	TION AE	OUT OFF	FERING				······································	
									-				Yes	No
1.	Has the	issuer sol	d, or does	the issuer i	ntend to se	ll, to non-a	ccredited i	investors in	this offeri	ng?	•••••••	•••••		☒
				Answer a	lso in App	endix, Col	umn 2, if f	iling under	ULOE					
2. What is the minimum investment that will be accepted from any individual?										No mi	nimum			
													Yes	No
3.			•			=								
4.	similar is an as broker	remunerat sociated po or dealer.	ion for sol erson or ag	icitation of ent of a br an five (5)	purchasers oker or dea persons to	s in connec iler register	tion with s red with th	ales of sector	urities in th or with a s	e offering tate or stat	If a perso	commission on to be listen name of the may set fort	ed :	
Full Nam	e (Last n	ame first,	if individu	al)	_								-	
N/A									·					
Business	or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	ate, Zip Co	ode)							
Name of	Associat	ed Broker	or Dealer											
									_			·····	· ·	
						licit Purch						-		•
(Che					•					4				
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)	
	(IL)	[IN]	[IA] [NV]	[KS] [NH]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[SD]	[TN]	[NJ] [TX]	[NM] [UT]	[NY]	[NC]	[ND]	[OH] [WV]	[OK]	[OR]	[PA]	
Full Mam		_ ` -	if individu		[1X]	[UI]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
N/A	e (Last II	ame msi,	II Murvidu											
	or Resid	ence Addre	ess (Numb	er and Stre	et, City, St	ate, Zip Co	ode)		, , , , , ,			· · · · · · · · · · · · · · · · · · ·		
					, ,	•	,							
Name of	Associate	ed Broker	or Dealer								·			
States in	Which Po	erson Liste	d Has Soli	cited or In	ends to So	licit Purch	asers							
(Che	eck "All	States" or	check indi	vidual Stat	es)			······		• • • • • • • • • • • • • • • • • • • •		△	Il States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
•	[MT]	[NE]	[NV]	[NH]	[N1]	[MM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name N/A	e (Last n	ame first, i	if individua	1)										
	or Reside	ence Addre	ess (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)							
Name of A	Associate	ed Broker	or Dealer											
States in V	Which Pe	erson Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers							
(Che	eck "All S	States" or o	check indiv	ridual State	es)							A	Il States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OC	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate ffering Price	Α	mount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	<u> </u>	-0-	\$	-0-
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests			<u>\$</u>	-0-
	Other (Specify) Beneficial interests of Class A and Class B Interests			<u>\$</u>	50,000
	Total			<u>s</u> S	-0-
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>.</u>	<u>-v-</u>	<u>.s</u>	
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					Aggregate
			Number	Į.	Dollar Amount
	A. P. Allerandon		Investors	•	of Purchases
	Accredited Investors	_	1	<u>\$</u>	50,000
	Non-accredited Investors		-0-	\$	-0-
	Total (for filings under Rule 504 only)			\$	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.			<u> </u>	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of		Dollar Amount
			Security		Sold
	Rule 505			\$	
	Regulation A	_		\$	
	Rules 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees				-0-
	Printing and Engraving Costs				-0-
	Legal Fees	•••••	Б	<u> </u>	4,900
	Accounting Fees	•••••	[] <u>\$</u> _	-0-
	Engineering Fees	• • • • • • •	[] <u>\$</u> _	-0-
	Sales Commissions (specify finders' fees separately)	•••••	C] <u>\$</u> _	-0-
	Other Expenses (identify) filing fees	•••••	<u>6</u>	<u>s</u>	100
				_	

total expe	ases furnished in response to Part C - Questio	to offering price given in response to Part C- Questic on 4.a. This difference is the "adjusted gross procee	ds to t	he			<u>s</u> _		45,000
5,	Indicate below the amount of the adjusted gr of the purposes shown. If the amount of any	oss proceeds to the issuer used or proposed to be use purpose is not known, furnish an estimate and chec ments listed must equal the adjusted gross proceeds t	ed for k the t	eaci	a to				
					D	ayments to Officers, irectors, & Affiliates		Pe	nyments to
						-0-		<u>s_</u>	0
	Purchase of real estate				<u>s</u>	-0		<u>\$</u>	0-
	Purchase, rental or leasing and installation of	f machinery and equipment			<u>\$</u>	-0-		<u>\$</u>	-0
	Construction or leasing of plant buildings and	d facilities			<u>\$</u>	0		<u>s_</u> _	<u>-0-</u>
	Acquisition of other businesses (including thused in exchange for the assets or securities	ne value of securities involved in this offering that m of another issuer pursuant to a merger)	ay be		\$	-0-		<u>s</u>	0
	Repayment of indebtedness				<u>5</u>	-0-		<u>\$</u>	-0
	Working capital			D	<u>s</u>	-0-	Ø	<u>\$</u>	45,000
	Other (specify):				5	_0-	Q		-0
	Column Totals		••••••		<u>\$</u>	<u> </u>		<u>\$</u>	-0-
		D. FEDERAL SIGNATURE the undersigned duly authorized person. If this notice U.S. Securities and Exchange Commission, upon							
	by the issuer to any non-accredited investor		wither	1160	χυω.	OI 112 STÁII, E	uc x	101111	ation
•	int of Type) Siding, LLC		Date Any 2	1, 2	2002				
Name of	Signer (Print or Type)	Citle of Signer (Print or Type)					_		
Angela I	L Haberman P	Aanager							
							,		
	·								
	Intentional misstatamants 4	ATTENTION		(C	107	160 1001			